

WARREN WOODS PUBLIC SCHOOLS

12900 Frazho – Warren, Michigan 48089-1300

GENERAL LIABILITY INCIDENT/ACCIDENT REPORT

Claimant's Personal Information

NAME: LAST: _____ FIRST: _____ MIDDLE: _____

ADDRESS: STREET: _____

CITY: _____ STATE: Michigan ZIP: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

HOME PHONE: _____

WORK PHONE: _____

MARITAL STATUS: ☐ Single ☐ Married
☐ Divorced ☐ Widowed

GENDER: ☐ MALE ☐ FEMALE

Incident Information

INJURED PARTY: CHECK ONE: ☐ STUDENT ☐ EMPLOYEE ☐ VISITOR

DATE REPORTED: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ (00:00 – 23:59)

INJURY TYPE: (CUT, BRUISE, SPRAIN, ETC.): _____

BODY PART: (Back, Neck, Arm, Foot, Etc.) _____

AREA OF INCIDENT: BUILDING: _____

LOCATION IN BUILDING: _____

DESCRIPTION OF INCIDENT/ACCIDENT: _____

INITIAL MEDICAL TREATMENT: ☐ None Required ☐ Refused ☐ First Aid Only ☐ Physician/Treatment ☐ Emergency Room

HOSPITAL/PHYSICIAN INFO: NAME: _____

CITY: _____ STATE: MI ZIP: _____

WITNESSES:
NAME: _____ PHONE: _____

INJURED PARTY SIGNATURE: _____ DATE: _____

REPORT PREPARED BY: _____ PHONE: _____

ADDITIONAL COMMENTS: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

PLEASE SEND COMPLETED COPY TO THE BUSINESS OFFICE IMMEDIATELY

BUSINESS OFFICE SECTION

LOST TIME: ☐ Yes ☐ No

DATE LAST WORKED: _____

RETURNED TO WORK: ☐ Yes ☐ No

ACCIDENT PREMISES: ☐ Employer ☐ Lessee ☐ Other

FULL WAGES PAID DAY OF INJURY: ☐ Yes ☐ No

EMPLOYMENT: ☐ Full Time ☐ Part Time ☐ Volunteer

RATE OF PAY:

☐ Hourly ☐ Annually
☐ Weekly